

MICHAEL ANTHONY WALKER

CHIEF OF POLICE

Resourceful, accomplished, and dedicated law enforcement executive with more than 30 years of progressively responsible experience in the public service sector. Strong qualifications in law enforcement, budget management, personnel affairs, policy/procedure development, staff training, public safety, emergency response, investigations management, and asset protection. Well-developed leadership and analytical skills as evidenced by an innate ability to continuously improve law enforcement and government security service operations. Reputation for strong work ethic and awarded numerous commendations for uncompromising devotion to customer service and community security. Adept at leading by example, developing a professional atmosphere to accomplish all law enforcement objectives.

Core Competencies

Communications • Mentoring • Community Involvement • Public Relations • Operations Improvement
Crisis Response • Emergency Preparedness • Asset Management & Protection • Team Leadership
Budget Development • Policies/Procedures • Regulatory Affairs & Compliance Issues

PROFESSIONAL EXPERIENCE

City of Lake Helen Police Department, Lake Helen • FL

1989 - 2021

Chief of Police

Began career as patrol officer, moving up the ranks to successfully solve many crimes and oversee all aspects of criminal investigations, day to day operations. Currently holding the position of Chief of Police, with proactive oversight of community and city law enforcement, personnel affairs, asset management, public relations, operational reporting, public service/safety, crime prevention, emergency response, criminal intelligence, and investigations management. Spearhead the improvement of security strategy and practices.

Key Highlights:

- Recipient of numerous letters of commendation and Awards from the City of Lake Helen Police Department the FBI and various Civic and Community organizations and businesses.
- Organized and implemented Neighborhood Watch Program.
- Wrote and Implemented Police Department Policies and Procedures.
- Recent recipient of Medal of Valor

City of Daytona Beach Shores, Police Department, Daytona Beach Shores • FL

1988 – 1989

Police Officer

Patrolled the streets and community of the City of Daytona Beach Shores, providing security and support for all citizens and business entities. Enforced the laws of the city and state of Florida, and oversaw all traffic citations, served warrants as needed, and experienced in all reports and paperwork required for law enforcement.

EDUCATION AND CREDENTIALS

Master's Degree in Criminal Justice

Columbia Southern University, Orange Beach AL

Bachelor's Degree in Criminal Justice

Columbia Southern University, Orange Beach AL

(SPI) Southern Police Officers 59th Command Officers Development Class Graduate (400 hrs)

Attended FBI (FEDS) - Federal Executive Development Seminar

Certifications:

- FDLE Instructor • Certifications/Awards Available upon request

Affiliations:

Volusia/Flagler County Police Chiefs Association • Florida Police Chiefs Association
International Association Chiefs of Police

MICHAEL ANTHONY WALKER

CHIEF OF POLICE

Dr. A. Jackson
City Manager
City of Bunnell

I am writing in regard to your Chief of Police position dated 12/13/2021 on Indeedwebsite. My résumé outlining my skills, experience, and credentials is enclosed for your review.

My past work experience and educational success has shaped me into an employee with extensive expertise in Law Enforcement Leadership servicing local, and state municipalities. I am confident that my ability to oversee all law enforcement operations, with strong communication and organizational skills will produce best results for your establishment.

A few of my past accomplishments include:

- Adept at leading by example, developing a professional atmosphere to accomplish all law enforcement objectives.
- Began career as patrol officer, moving up the ranks to successfully solve many crimes and oversee all aspects of criminal investigations.
- Recipient of numerous letters of commendation from the City of Lake Helen Police Department and various Civic and Community organizations and businesses.
- Major advocate of Community Policing helped implement within the City.
- Formulated and implemented Neighborhood Watch Program. (City Wide)
- Wrote and implemented the Police Department Policy and Procedures.
- Grants and Budgeting.
- I am a "Working Chief" I currently handle Narcotics and all Major Crimes within the community of approximately 2800 residents.

I am certain that I will exceed your expectations and look forward to joining the City of Bunnell Police Department. I will be available upon request to further clarify my ability to contribute to your organization. If you have any questions or other items to discuss, please contact me at the above e-mail address or phone number; I would love to schedule a face-to-face meeting with you. Thank you for your time and consideration. I look forward to speaking with you soon.

Sincerely,

Michael Anthony Walker
Enclosure: Résumé

CITY OF BUNNELL, FLORIDA

APPLICATION FOR EMPLOYMENT

PO Box 756

Bunnell, FL 32110-0756

Telephone: 386-437-7500

Fax: 386-437-7503

Received by: _____

Date Received: _____

Important Instructions: Hand-print or type neatly in black ink only. Fill in every blank line or box. If a blank line or box doesn't apply, enter "NA," or if you have no comment, enter "NC." A resume may be submitted with your completely filled-out Application for Employment form. Do not write "See Resume" in any of the blank lines or boxes.

Position applied for: CHIEF OF POLICE

APPLICANT'S FULL NAME: MICHAEL ANTHONY WALKER

Desired wage/salary: 75,000 Date you can start: IMMEDIATELY

Have you ever used a different first name, last name, or any nickname? Yes ___ No X

If yes, please list names used: N/A

Applicant's home street address: [REDACTED]

City: [REDACTED] State: FL Zip Code: [REDACTED]

Daytime Phone number: [REDACTED] Other Phone number: N/A

How did you learn of this job opening? INDEED

- Are you 18 years old, or older?..... Yes X No ___
- Can you legally hold a job in the USA?..... Yes X No ___
- Are you currently employed?..... Yes X No ___
- If not currently employed, were you laid off and/or subject to re-call?..... Yes ___ No X
- May we ask information about you from your current employer?..... Yes X No ___
- Have you ever worked for the City of Bunnell before?..... Yes ___ No X

Have you ever been arrested?..... NO Yes ___ No X

If yes, please provide details below or attach detailed documentation including date(s), crime(s), disposition(s), probation(s), and location(s): _____

Job Applicant's full name: MICHAEL ANTHONY WALKER

DRIVERS LICENSE

Do you have a valid Florida Drivers License?..... Yes No
 What type of drivers license is it? Hardship Operator CDL Class D C B A
 Do you have less than six violation points charged against your license? Yes No
 Has your drivers license ever been suspended or revoked? Yes No
 If yes, give reason(s) and the month and year of each: _____

MILITARY SERVICE

Have you ever served in the US Army Air Force Navy Marines Coast Guard
 or National Guard ? Are you now in the National Guard or Reserve? Yes No
 What was your discharge? Honorable Dishonorable Other than honorable
 What rank/grade did you achieve (E-3, O-2, etc.)? E-1
 What was your rating (communications, infantry, supply, medic, etc.)? N/A
 Are you claiming veteran's preference (attach DD Form 214)? Yes No

EDUCATION

Level	Name of School City & State	# of Years	Diploma/ Degree	Type of Degree or Major discipline
High School	<u>Seabreeze Senior</u> <u>Daytona Bch FL</u>	<u>3</u>	<u>yes</u>	<u>Diploma</u>
College	<u>Columbia Southern</u> <u>Columbia Southern</u>	<u>3</u> <u>3</u>	<u>YES</u> <u>yes</u>	<u>Bachelors</u> <u>Criminal Justice</u> <u>masters</u>
Voc-Ed	<u>Orange Park AL</u>	<u>_____</u>	<u>_____</u>	<u>CRIMINAL Justice</u>

PROFESSIONAL / VOCATIONAL CERTIFICATION(S) / LICENSE(S)

- To Many to list Available upon Request
- _____

SPECIAL SKILLS

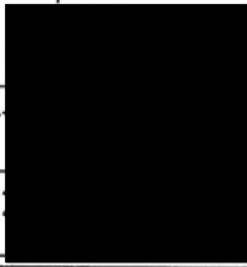
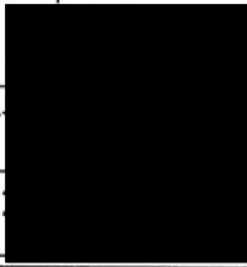
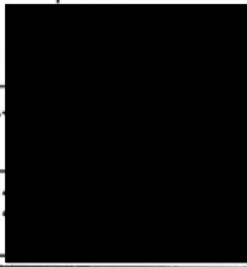
List all, such as word-processing speed, operate front-end loader, mechanical, pipe laying, computer programs you're proficient at, electrical, operate tractor mower, crime investigation, construction inspection, HazMat training, conflict resolution, administration, etc.

Criminal Investigator, Hazmat Training,
Southern Police Institute (Univ of Louisville)
400 hours.

Job Applicant's full name: Michael Anthony Walker

REFERENCES

Do not list former employers, people related to you, or people you have known less than one year.

Name	City/State of Residence	Telephone	Years
<u>Sheriff Chitwood</u>	<u>Port Orange / FL</u>		<u>8</u>
<u>MARK BARKER</u>	<u>Ormond Beach / FL</u>		<u>20</u>
<u>STEVE ALDRICH</u>	<u>DELAND / FL</u>		<u>14</u>

RESUMES


I have a resume which I have attached for the City's consideration..... Yes No

OTHER PERTINENT COMMENTS OR REMARKS

Be all-inclusive. You may refer to attached/included documents. Include social as well as work matters.

AFFIRMATION OF APPLICANT

I certify that all information in this Application for Employment, including all attachments, is true and complete; and, I understand that if any false information, omissions, or misrepresentations are discovered I may be rejected from potential employment, and if employed this is grounds for termination. In consideration of the employment applied for, I agree to conform to the City's rules, regulations and policies. I understand that Florida is a "right to work" state; and, therefore, my employment and compensation can be terminated with or without cause at either my option or the City's option.

Applicant's signature:  Date: 12/15/2021

Job Applicant's full name: Michael Anthony Walker

EMPLOYMENT HISTORY

Start with your current, or most recent, job and list all former employers for the last ten years. If you need more space, photocopy the next page (page 5 of 6) before you fill it out.

Current or Most Recent Job

Name of Organization: UPS

Mailing Address: 1050 Bennett Dr.

City: Longwood State: FL Zip Code: 32750

Job Title: Seasonal DRIVER

Summarize the work you did/do: Deliver packages for The Holidays.

Name & Title of Supervisor: JEFF BROWN

Telephone: _____ Fax Number: N/A

Dates Worked (Mo/Yr): Started: _____ Ended: _____

Final Wage/Salary: \$ 22.00 per Hour Hours worked per week: 25-40

Reason for Leaving: Still Employed.

Next Most Recent Job

Name of Organization: CITY OF LAKE HELEN

Mailing Address: 493 S. Lakeview Dr

City: Lake Helen State: FL Zip Code: 32784

Job Title: CHIEF OF POLICE

Summarize the work you did/do: Conducting, Planning, and Managing of Day to Day Operations in P.D.

Name & Title of Supervisor: LEE FVETT, City Admin.

Telephone: 386-228-2121 Fax Number: _____

Dates Worked (Mo/Yr): Started: 1989 Ended: April 30, 2021

Final Wage/Salary: \$ 75,000 per year Hours worked per week: 40-50

Reason for Leaving: Retired 33 years-

Job Applicant's full name: Michael Anthony Walker

CONTINUATION OF EMPLOYMENT HISTORY

Next Most Recent Job

Name of Organization: CITY OF DAYTONA Bch Shores

Mailing Address: 3050 S. ATLANTIC AVE

City: Daytona Bch Shores State: FL Zip Code: 32118

Job Title: POLICE OFFICER

Summarize the work you did/do: PATROL THE STREETS
ENFORCE LAWS + ORDINANCES.

Name & Title of Supervisor: Mark Nealon

Telephone: 386-763-5321 Fax Number: NA

Dates Worked (Mo/Yr): Started: _____ Ended: _____

Final Wage/Salary: \$ 5.25 per hr. Hours worked per week: 42

Reason for Leaving: Went to Lake Helen

Next Most Recent Job

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____

Summarize the work you did/do: _____

Name & Title of Supervisor: _____

Telephone: _____ Fax Number: _____

Dates Worked (Mo/Yr): Started: _____ Ended: _____

Final Wage/Salary: \$ _____ per _____. Hours worked per week: _____

Reason for Leaving: _____

Job Applicant's full name: _____

Applicant is not to type/write on this page.

Application:

Neat: Yes ___ No ___; Writing is easily read: Yes ___ No ___; Complete: Yes ___ No ___

Recommendation for Interview: Yes ___ Potentially ___ No ___

Reviewed by: _____ Title: _____

FIRST INTERVIEW: Date: _____ Structured: _____ Random: _____ Tour: _____

Interviewer: _____ Title: _____

Applicant was: Neat in appearance ___ Articulate ___ Confident ___ Sincere ___ Friendly ___
Abrasive ___ Evasive ___ Not succinct ___ Seemed to have good understanding of the job ___
Other Comments: _____

Recommended for a second Interview? Yes ___ No ___

References checked: Yes ___ No ___ Result _____

Former Employees Checked: Yes ___ No ___ Result _____

SECOND INTERVIEW: Date: _____ Structured: _____ Random: _____ Tour: _____

Interviewer: _____ Title: _____

Applicant was: Neat in appearance ___ Articulate ___ Confident ___ Sincere ___ Friendly ___
Abrasive ___ Evasive ___ Not succinct ___ Seemed to have good understanding of the job ___
Other Comments: _____

Recommended for Hiring by:

Name: _____ Title: _____

Signature: _____ Date: _____



EMPLOYMENT APPLICATION

BUNNELL POLICE DEPARTMENT

201 W. Moody Blvd. Bldg 1 Bunnell, FL 32110

Email: chancock@bunnellcity.us
Website: <http://www.bunnellcity.us>

Phone: (386) 437-7508
Fax: (386) 437-7448
Human Resources: (386) 437-7500

Law Enforcement Civilian/Support Staff Position Applied for: CHIEF OF POLICE
 LE. Auxiliary Full Time Part Time

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. **NOTICE: THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION.** A certified copy of birth certificate and high school diploma or Florida Police standards approved G.E.D. A copy of military discharge, drivers license, social security card, citizenship if not a natural citizen, police standards certificate of completion or compliance

PERSONAL HISTORY

1. Full Name: WALKER MICHAEL Anthony

Last Name _____ Middle _____ Nickname _____

Residence Address _____ Apt. No. _____ Mailing Address _____ Apt. No. _____

City _____ County _____ State FL Zip Code _____

Telephone Number (Home) _____ Work/Other _____

E-mail Address _____ Cell _____

2. Social Security Number: _____

Driver's License Number: _____ State Issued: FLORIDA

3. Place of Birth: CHICAGO Cook County IL

City _____ County _____ State _____ Country (If not the United States) _____

4. Other: List all other names you have used including circumstances and time periods you used them. For example: Former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From-Mo./Yr.	Dates To-Mo./Yr.
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

The Bunnell Police Department is an Equal Employment Opportunity/Affirmative Action Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

*The submission of your Social Security Number is voluntary and is requested pursuant to Section 119.71(5)(a)2, Florida Statutes, for identification purposes only. Your Social Security Number may also be shared with other government agencies as authorized by law.

5. Have you ever filed an application with us before? Yes No If yes, please give dates _____

6. Have you ever been employed by us before? Yes No If yes, please list titles and dates of employment _____

7. Do you have any relatives working for us? Yes No If yes, please list names _____

EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended – Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			
SEABREEZE DAYTONA BEACH FLORIDA	1980	1982	3	yes	DIPLOMA

2.

College/University Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		
COLUMBIA SOUTHERN	2005	2008			yes	Bachelor's
COLUMBIA SOUTHERN ALABAMA	2009	2011			yes	MASTER'S

Major CRIMINAL JUSTICE Minor _____

3. Other Schools (Trade, vocational, Business, Police Academies or Military):

Name/Address	Dates Attended – Mo./Yr.		Credit Hours Earned	Area of Study	Did you Graduate?	Type of Degree or Certificate
	From	To				
Southern Police Institute (University of Louisville)			400 HRS		yes	

4. Are you law enforcement certified with the state of Florida? Yes No

5. Describe any awards, honors, citations, or other special recognition you received while attending school and positions held in school organizations:
Available upon Request

6. Indicate any law enforcement education/training. (Attach list, if applicable)

7. Did you receive a certificate for this training? Yes No (Attach copy)

8. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, and computers):

Radar Certified, Firearms - FDLE Certified Instructor.

9. Computer Skills: Word Excel Outlook Power Point
Other _____

General Computer Knowledge: Basic Advanced

10. State approximate number of words per minute: Typing 30

11. On what date are you available to work? IMMEDIATELY.

12. Are you available to work rotating shifts? Yes No

EMPLOYMENT HISTORY

1. List chronologically all employments for the last 10 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

1 Name of Present or last employer: <u>UPS.</u>	
Address: <u>1050 Bennett Drive</u>	
Your Job Title: <u>Seasonal Driver</u>	Phone Number: () _____
FROM: <u>11/01/21</u>	TO: <u>Present</u> Supervisor's Name: <u>Jeff Brown</u>
Duties and Responsibilities: <u>Deliver Packages</u>	
Reason for Leaving: <u>Still employed.</u>	

2 Name of Present or last employer. City of Lake Helen
 Address: 327 S. Lakeview Dr. Lake Helen FL 32744
 Your Job Title: Chief of Police Phone Number: (386) 228-2121
 FROM: 11/15/89 TO: 04/30/21 Supervisor's Name: Lee EVETT City Admin.
 Duties and Responsibilities: Conducting, Planning AND Managing
OF Day to Day Operations of City Police
Dept.
 Reason for Leaving: Retired

3 Name of Present or last employer. Daytona Bch Shores
 Address: 3050 S. Atlantic Ave Daytona Bch Shores FL
 Your Job Title: Police Officer Phone Number: (386) 763-5321
 FROM: 05/15/88 TO: 02/14/89 Supervisor's Name: Nealon
 Duties and Responsibilities: Went to LHPD. / Patrol City
Enforce Laws + Ordinances
 Reason for Leaving: Went to LHPD

4 Name of Present or last employer. _____
 Address: _____
 Your Job Title: _____ Phone Number: () - _____
 FROM: ___/___/___ TO: ___/___/___ Supervisor's Name: _____
 Duties and Responsibilities: _____

 Reason for Leaving: _____

5 Name of Present or last employer. _____
 Address: _____
 Your Job Title: _____ Phone Number: (____) _____ - _____
 FROM: ____/____/____ TO: ____/____/____ Supervisor's Name: _____
 Duties and Responsibilities: _____

 Reason for Leaving: _____

2. May we contact your present and previous employer? Yes No, please explain _____

3. Have you ever been dismissed or asked to resign? Yes No If yes, please explain _____

4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions, and counseling's, taken against you for any employment or position you have held? Yes No If yes, please provide details or documents _____

5. Have you resigned, or left a job by mutual agreement, for any reason? Yes No If yes, please provide details _____

6. Have you ever applied or worked with any law enforcement agencies? Yes No If yes, please provide the following:
 Agency and/or Department Lake Helen Date Applied 11/89
 Address (Street, City, State, and Zip) 3377 S. Lakeview Dr
 Position Applied for: Officer Chief Status: Retired

Agency and/or Department _____ Date Applied _____
 Address (Street, City, State, and Zip) _____
 Position Applied for: _____ Status: _____

Agency and/or Department _____ Date Applied _____
 Address (Street, City, State, and Zip) _____
 Position Applied for: _____ Status: _____

Relative's Name/ Relationship	Place & Department	Charge	Court & Plea	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action? Yes No
6. Have you ever been detained by any law enforcement officer for investigation purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation? Yes No
7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

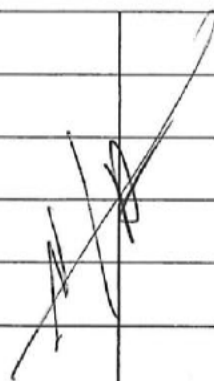
If yes to questions #5 and #6, please provide details. _____

CONTROLLED SUBSTANCES

Do you NOW or have you EVER tried, purchased, or sold any illegal drugs or controlled substances? ("Tried" includes smoking, inhaling, swallowing, placing/rubbing on gums, lips, or tongue; injecting, or ingesting by any other means.) Yes No

If you answered YES, list details below.

Name of Drug of Controlled Substance	Tried	Purchased	Sold	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/THC	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Hashish	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
PCP/Angel Dust	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
STP/Speed	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Mushrooms/Psilocybin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Cocaine	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Crack	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Quaaludes	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Opium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Uppers/Downers	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Steroids	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		
Valium	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____		

Speedballs	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	
Rohypnol (Ruffies)	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	
Inhalants/Whippets	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	
LSD	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	
GHB/GBL	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	
Other Name Drug	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	

DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur? Yes License No.: [REDACTED]

Date of Expiration: 07/26 Restrictions: Glasses/contacts

Endorsements: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held, if known. _____

3. Have you ever received a ticket or been charged with a traffic violation? Yes No If yes, list charge, date, and disposition. _____

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No If yes, please provide complete details including reason and place. _____

5. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No If yes, please provide completed details. _____

MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: Navy Highest Rank: E1

Service #: _____ Duty Dates: From: 1982 To: 1982 Job Specialty: NA

2. Are you now or have you ever been a member of the Reserve Unit or the National Guard? Yes No If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: _____

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims to the organization?

Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No

If yes to questions #2, #3, #4, or #5, explain including name of the organization and location.

NA

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale of distribution of alcoholic beverages? Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No

3. Was the license ever canceled, suspended, or revoked? Yes No

If yes to questions #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of the license, and license number.

NA

CREDIT DATA

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No

Specify each with an estimated annual amount.

Own Landscape Business

2. Are you or your spouse indebted to anyone? Yes No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is **past due**, regardless of the amount.

Creditor	Address	Amount	Loan or Account Number

3. Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No, or declared bankruptcy? Yes No or, had a legal judgment rendered against you for a debt? Yes No or been subject to a tax lien? Yes No If, yes to any of these questions, please provide details.

7. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No. If yes, please provide name and address of business, corporate or organization and describe your relationship or position. MAWS MOWING - (LANDSCAPING)

8. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary? Yes No. If yes, please provide name and address of business, corporation, or organization and describe your relationship or position.

RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all address, including residences while at school and in military. For college or campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Dates – Mo./Yr.		Apt No.	Street Address	City	County	State	Zip
From	To						
Aug 2014	PRESENT	—	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Aug 2009	Aug 2014		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? Yes No
2. Have you ever been convicted or charged of a felony or misdemeanor? Yes No
3. To your knowledge, has any member of your family ever been arrested for a felony or misdemeanor? Yes No
4. If you answered yes to questions 1, 2, or 3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any changes for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Plea	Date of Charge	Disposition
Mike Wilkin	Jacksonville	Leaving scene	NO Contest	1985	

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees or school teachers) who are **responsible adults** of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. Provide complete mailing addresses and phone numbers.

Complete Name (and relationship to the applicant) <u>Michael Chitwood</u> (Last Name, First, MI)		Home Address: <u>VC50</u> City, State & Zip: _____ Home Phone: () _____
Yrs. Acq.	Occupation <u>Sheriff</u>	Business Phone: <u>386 736-5999</u> Business Address: _____ City, State & Zip: <u>Daytona Bch</u>

Complete Name (and relationship to the applicant) <u>Mark Barker</u> (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: _____
Yrs. Acq. <u>20</u>	Occupation (Retired) <u>Holly Hill</u> <u>Chief of Police</u>	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

Complete Name (and relationship to the applicant) <u>STEVE ALDRICH</u> (Last Name, First, MI)		Home Address: _____ City, State & Zip: _____ Home Phone: () _____
Yrs. Acq. <u>14</u>	Occupation <u>Retired</u> <u>Chief of Police</u>	Business Phone: () _____ Business Address: _____ City, State & Zip: _____

CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

1. Applicant's Current Address: [Redacted]

Address [Redacted]

City [Redacted] County [Redacted] State [Redacted] Zip Code [Redacted]

Phone Number [Redacted]

2. Applicant's Social Security Number: [Redacted]

3. Spouse's Name and Address (if different):

Name TERESA (Tracy) Walker

Address Same

City _____ County _____ State _____ Zip Code _____

4. Children's Name and Ages:

Name	Date of Birth	Address (if different than applicants)
Jordan Walker	02/22/05	
Kaleb Walker	02/09/07	
Jules Walker	02/28/10	
Bella Walker	12/16/13	

5. Former Spouse(s) Name and Address:

Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

6. Are you now able to participate in defensive tactics, firearms, or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied? Yes No

7. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes No

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Mark Walker
 Name _____

 Address _____ City _____ State _____ Zip Code _____

 Home Phone _____ Business Phone _____

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

 Name _____

 Address _____ City _____ State _____ Zip Code _____

 Business Phone _____

I understand that the "Application Certification" applies in all respects to the responses provided in number 1-9 above in this "Confidential Employee History."

[Signature] 12/15/21
 Signature of the applicant as usually written Date

Witnessed by:

APPLICANT CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a completed background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Police Department and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug test during the term of my employment or appointment with the Police Department.

I understand that the use of drugs and alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position of assignment with the Police Department.

I further authorize the Police Department or agent of the Police Department, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to executive any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

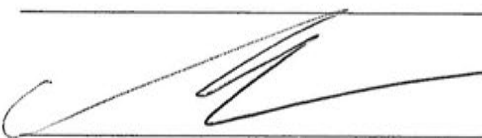
I understand and agree that any employment or appointment offered me will be contingent upon my acceptance of compensatory time off, instead or cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the City has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Police Department and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

I agree to conform to the rules, regulations, and orders of the City and Police Department and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Police Department, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates, who might tend to reflect unfavorably on your reputation, morals character or ability)? Yes No If yes, provide your version or explain fully any such incident.

AFFIDAVIT (Must be notarized)


Applicant's Signature

12/15/21
Date

The foregoing was acknowledge before me this _____ day of _____ Year _____

By, _____, who is personally known by me or who has produced _____ as identification.

Signature of person taking acknowledgment

Title or Rank

Printed Name

RACIAL/ETHIC DATA

The City of Bunnell is not required by the U.S. Equal Opportunity Commission to collect and maintain the information requested below for EEO statistical reporting purposes, but is requesting that you supply the information. This information will be maintained separately from your application and will not be considered in the application evaluation process.

Last Name: <i>Walker</i>	First: <i>Michael</i>	Date: <i>12/15/21</i>	Social: [REDACTED]
Position Title: <i>Chief of Police</i>			
How did you learn about this vacancy? <i>Indeed</i>			
Date of Birth: <i>07/01/64</i>			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male			
Handicapped/Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If job accommodations are needed please specify: <i>NP</i>			

RACIAL/ETHNIC DATA (Select One)

- WHITE** (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE** All persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**



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**CJSTC
58**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.

To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME: Michael Anthony Walker

DATE OF BIRTH: 07/10/1964

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: [REDACTED]

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature: [Signature] 12/15/21

Applicant's Address: [REDACTED]

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF Florida COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____